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JUL 2 1 2009

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FIRST NAMED INVENTOR

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68851

7590

07/15/2009

KNOBBE, MARTENS, OLSEN & BEAR, LLP 2040 MAIN STREET FOURTEENTH FLOOR **IRVINE, CA 92614**

APPLICATION NO.

Authorized Signature

Typed or printed name Cynthia Arko

07/22/2009 SSANDAR1 00000001 10789359

01 FC:1501

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FILING DATE

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CONFIRMATION NO.

ATTORNEY DOCKET NO.

10/789,359	02/26/2004		James H. Brauker		DEXCOM.037A	5145	
TITLE OF INVENTION	N: INTEGRATED DELIV	ERY DEVICE FOR CO	NTINUOUS GLUCOSE S	ENSOR			
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
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nonprovisional	NO	\$1510	\$0	\$1510	\$1510	10/15/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
BOUCHELLE, LAURA A		3763	604-161000				
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			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,		neys I KITODDE IVIE	Kitobbe Marteris	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				• •	2 Olson and 8	₂ Olson and Bear LLP	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			*	
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(A) NAME OF ASSIGNEE		•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Dexcom, Inc.			San Diego, CA	•			
Please check the approp	oriate assignee category or	categories (will not be pa	rinted on the patent):	Individual A Corporat	ion or other private group	entity Government	
4a. The following fee(s)) are submitted:	41	b. Payment of Fee(s): (Plea	ise first reapply any prev	viously paid issue fee sho	wn above)	
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Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
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01 FC: 1501 PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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07.21.2009

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